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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/771,597
	Filing Date	February 4, 2004
	First Named Inventor	James D. Ralph
	Art Unit	3733
	Examiner Name	Mary C. Hoffman
	Attorney Docket Number	SPINE 3.0-447 CONT

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number: **51640**

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Joseph P. Errico, SpineCore, Inc.

Date

7/27/05

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.